

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 12:06

DOCUMENT # **N21544** (4)
1. Corporation Name
THE CORAL GABLES BAR ASSOCIATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business **DENNIS PONN** Mailing Address **DENNIS PONN**
C/O SEMET, LICKSTEIN, MORGENSTERN&BERGER- 250 VALENCIA AVE SA
CORAL GABLES FL 33134 CORAL GABLES FL 33134
US US

3. Date Incorporated or Qualified 07/14/1987	3a. Date of Last Report 05/01/1994
4. FBI Number 59-2823417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PONN, DENNIS 250 VALENCIA AVE S-A CORAL GABLES FL 33134				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LAWRENCE S	1.2 NAME	
STREET ADDRESS	69 MERRICK WAY #208	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	PED	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONN, DENNIS	2.2 NAME	
STREET ADDRESS	250 VALENCIA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, DAVID	3.2 NAME	
STREET ADDRESS	2199 PONCE DE LEON BLVD. S.200	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHR, MICHAEL E	4.2 NAME	
STREET ADDRESS	3081 SALZEDO STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, T PATRICK JR	5.2 NAME	JD
STREET ADDRESS	9130 S DADELAND BLVD	5.3 STREET ADDRESS	JOANN SARGENT
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	2001 SW 117 AVE
TITLE	SD	6.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVEY, LEWIS J	6.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR #1200	6.3 STREET ADDRESS	2055 LE JEUNE ROAD, #906
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **LEWIS J. LEVEY** 2-6-95 (205)441-6660
(Date) (Daytime Phone #)